

**Remarks of Ranking Member Issa  
Domestic Subcommittee Hearing  
Adequacy of Oversight of Pediatric Dental Care in Medicaid  
May 2, 2007**

Thank you Mr. Chairman for providing the members on this Committee an opportunity to highlight the need for increased awareness of, and access to, dental care. It is critical that Americans understand that oral health is much more than just healthy teeth. As we will hear today, we ignore signs and symptoms of oral disease and dysfunction to our detriment. While it is unacceptable to have lost a life to such a preventable disease, at least we can use the occasion to learn what went wrong, so that we can move forward and focus on ways to get it right.

The death of young Deamonte Driver is one of those tragedies where there are no “bad actors.” Every person in this room would have behaved differently had they known Deamonte Driver’s life was endangered by what started out as a mere tooth ache. But despite warning signs, the social safety net failed to intervene in sufficient time.

We are here today to try to figure out what went wrong in his individual case and to potentially apply that lesson to a nationwide system of healthcare delivery.

We do know that in this case, Deamonte was eligible for Medicaid. However, according to the Surgeon General’s report on *Oral Health in America*, eligibility for Medicaid does not ensure enrollment and enrollment does not ensure that an individual obtains the care they need.

Barriers to care include a lack of basic understanding of the importance of oral health, low reimbursement rates for dentists, and excessive administrative burdens for both the patient and the provider.

Low reimbursement rates, which are set at the state level, lead to low participation rates. In Maryland, only 16% of the states’ 5,500 dentists participate in the Medicaid program. Undoubtedly, this lack of access contributed at least indirectly to this unfortunate case.

I have dealt personally with the challenge of reimbursement rates and adequate access in my own district. California’s Medi-Cal Managed Care rates have been frozen since 2001. This has forced health plans to operate under the pressure of increasing costs, bringing some to the brink of insolvency, only to have the state step in and bail them out so patients can continue to receive care. A more appropriate approach may be for the state to reassess rate-setting methodology and conduct county-by-county reviews to determine appropriate rates for each plan.

But it is not just reimbursement rates that lead to a lack of adequate access to providers. The dentist-to-population rate is also declining, while educational debt for dental students is increasing. My point, Mr. Chairman, is that the source of the problem, which led to

this untimely and sad death of a young Maryland boy, is complex. There is no one source who should shoulder the entire blame.

But I look forward to working with you today and in the future to try to better understand the nature of the problems facing the Medicaid system as well as the low income families the program was intended to serve. In doing so, we will be better prepared to help craft a more effective solution.